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Ryan, Mason & Lewis, LLP 90 Forest Avenue Locust Valley, NY 11560  AUG 2 4 2005					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
	· · · · · · · · · · · · · · · · · · ·	(a).		,			(Depositor's name)
		TRADEN					(Signature)
							(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/774.925	01/31/2001	Sara H. Basson				YOR920000740US1	5320
FITLE OF INVENTION: W	/EARABLE DISPLAY SYST	TEM WITH INDI	CATORS OF	SPEAI	KERS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			\$300	\$1700	11/14/2005
EXAMINER A			JNIT CLASS-SUBCLASS		LASS-SUBCLASS	j	
JACKSON, JAKIEDA R			704-271000				
. Change of correspondence CFR 1.363).	2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys						
Address form PTO/SB/1.	or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	2 registered attorneys or agents. If no name is listed, no name will be printed. 08/26/2005 SDENBOR2 09774925						
PLEASE NOTE: Unless	RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee	data will app	ear on	the patent. If the assist	1501 1400.00 DA Utio4is identified\$8160, Me d	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
International Business Machines Corporation Armonk, N.Y.							
Please check the appropriate	e assignee category or categor	ies (will not be pr	inted on the p	atent):	Individual 🛭	Corporation or other private gr	cup entity Government
la. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Solution I saw and a saw							
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Advance Order - # of	Copies		Deposit Acco	ount N	mber _50_0510	charge the required fee(s), or (enclose an extra c	copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	7 CFR 1.27.	FF		0	ALL ENTITY status. See 37 C	
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Authorized Signature Kolect W. Keiffith Date 8/18/2005							
Typed or printed name Robert W. Griffith Registration No. 48,956							

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